

Saskatchewan · Opinion

There's no place like home: What the future of long-term care in Canada should look like

We are on the cusp of a major surge in demand for seniors' care

[Dan Florizone](#) · CBC News · Posted: Jun 05, 2020 5:00 AM CT | Last Updated: June 5, 2020





The oldest baby boomer is now 75 years old. We are on the cusp of a major surge in demand for seniors' care. (Evrymmnt/stock.adobe.com)

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Being away from the health sector for the past two years has given me some time to reflect on the history of institutional care in Saskatchewan. More recently, deaths due to COVID-19 across Canada have brought to light problems with the institutional model of care for seniors – heightening public awareness and call for action.

While Saskatchewan has escaped the type of outbreaks seen elsewhere, the recently released report on Saskatchewan Health Authority long-term care facilities reinforces many on-going issues expressed by the 8,900 residents of long-term care in Saskatchewan.

- [**Aging facilities, staff shortages affecting standard of long-term care at some Sask. facilities: SHA report**](#)

The call for action may be new, but the issues are not.

We have had a sordid history with institutional models of care in Saskatchewan – from orphanages, residential schools and large mental health asylums of the early 1900s, to training schools that were built then later converted to care institutions for the cognitively impaired.

These institutions have since gone extinct, been closed, or been converted with the intent of returning care back to the community. These changes were prompted by well-organized efforts from family members, the public and residents themselves.

Despite those closures, two outlier institutional models remain to this day in the province: long term care facilities and prisons.

On the cusp

My wife and I are blessed to have our parents, who are all at or close to 80 years old, living close by and independently. They are healthy right now, but at some point they will need more help.

I thought of them when I heard that as of May 2020, 80 per cent of all COVID-19-related deaths in Canada were residents of long-term care facilities. These tragic deaths highlight a myriad of issues with the existing model of institutional long-term care and underscore why I feel we need to modernize how we care for seniors.

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The latest Statistics Canada data tells us that in 2016, 32 per cent of people aged 85 years and older lived in collective dwellings such as nursing homes, long-term care facilities and senior citizen residences, an 23 per cent increase from 2011. With increases in life expectancy, projections say there will be more and more people living to 85 and older.

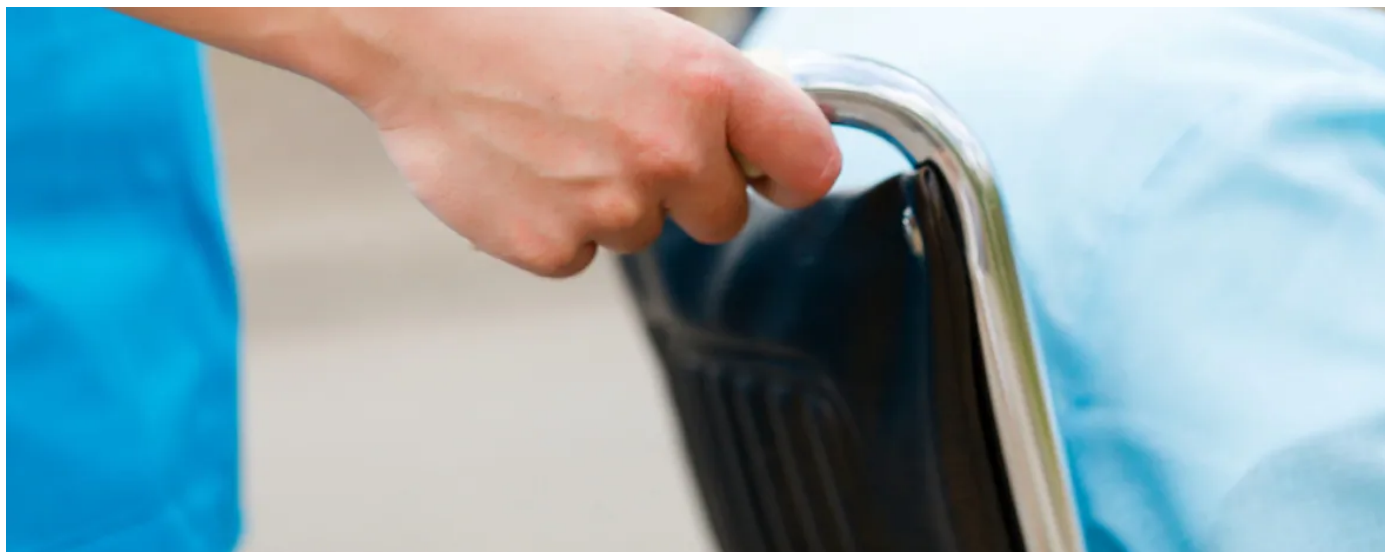
The oldest baby boomer is now 75 years old. We are on the cusp of a major surge in demand for seniors' care.

Calls for change

As therapies, medications, technology, modern models and understanding of care have emerged over time, it is increasingly apparent that institutions are not ideal places for seniors to be cared for.

Residents, families and members of the public across Canada are calling for change. We want community-based approaches that reintegrate vulnerable citizens into society, into communities and into neighbourhoods.





'We need small group homes that are more intimate, with flexible and tailored schedules and care provided by staff each known by name,' says Dan Florizone. (Lighthunter/Shutterstock)

There is a 15-resident care home a block away from where I live. You would not notice it if you drove by – it is constructed the same as every other home on the block.

I have met the operators and some of the residents. I see them taking advantage of amenities in the community – the communal gardens and walking paths. I have been invited to participate in some of their activities – as have other neighbors. Children and families and neighbors walk by each day. Prior to COVID-19, we were welcome to visit and invited in for a meal or backyard barbeque.

Our future model for seniors care must be based upon a new set of principles that maximize independence and quality of life. That means more community-based options that provide care and support at home or as close to home as possible.

When relocating from one's own home is necessary, we need small group homes that are more intimate, with flexible and tailored schedules and care provided by staff each known by name. This care must be culturally appropriate, safe, accommodating of spouses and partners, in close proximity to family and friends, and affordable.

Care is scalable

The inherent advantage of smaller homes is care that is more intimate and personal.

Neighbours can support and participate in care. Residents can easily get to know each other. There is the ability to avoid or limit any outbreaks to a small number of staff and residents.

Care is scalable. Homes can be built quickly and affordably, to residential standards, renovated as required and repurposed if needed.

- **POINT OF VIEW** [I don't think we'll be nicer after COVID-19, but we might be wiser. That's more important](#)

One can easily imagine a near future with small group homes acting as a hub of care, decentralizing care to a neighbourhood or small community level, similar to having primary schools located in close proximity to family homes.

A new model of long-term care would mandate home care, local respite, palliative and activity programs delivered in-home.

As care needs evolve and grow, services are easily scaled up. Day services could be available locally. If and when care at home is no longer an option, care can be provided down the road, within the neighbourhood. And as it turns out, this proposed model is better and cheaper and more humane.

One day I will be the one needing this care. But I owe it to my parents and in-laws to help modernize senior's care now.

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